

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

98403

Office of Registrar of Vital Statistics.

Ward

6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 7, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Julia White

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 11 Years, 8 Months, Days.

Color, W.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balto

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, { Give Street and Number. }

1708 Orleans St.

Cause of Death, { First (Primary), Second (Immediate), }

Rheumatism

Dropsy

Duration of Last Sickness, 32 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemt

Date of Burial, March 9/87

{ Undertaker, W. A. Sains atty, } J. J. Gropf M. D.

Medical Attendant.

{ Place of Business, 229 S Broadway Address, 137 Orleans

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98404 Office of Registrar of Vital Statistics. Ward 134

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, March 6th 1887

Full Name of Deceased, Ephraim Coleman

Sex, Male or ~~Female~~, Male

Age, 18 Years, 0 Months, 0 Days.

Color, C

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Single

Occupation, Boatman

Birth Place, Balt.

Duration of Residence in the City of Baltimore, 1847

Place of Death, 653 Bond St

Cause of Death, Phthisis Pulmonalis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Cemetery

Date of Burial, March 9th 1887

Undertaker, S. W. Chase

Place of Business, 641 S Howard St

Chas. W. Muff M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 78460 Office of Registrar of Vital Statistics. Ward 10<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, Mar 6<sup>th</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charlotte Botancha

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 70 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt.

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } 305 Pearl St.

Cause of Death, { First (Primary), Second (Immediate), } Acute Inflammatory Rheumatism

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp & Commey

Date of Burial, March 9<sup>th</sup> 1887

{ Undertaker, Wm. James Gray } A. M. Hoar M. D.

{ Place of Business, 210 Mulberry St. } Address, 1015 D. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98466 Office of Registrar of Statistics Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 8, 1887

Full Name of Deceased, Mary Chase  
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Female  
Cross out the word not required in this line.

Age, 42 Years,  Months,  Days.

Color, Colored

Married, Single, Widow or Widower,   
Cross out the words not required in this line.

Occupation, Batto.

Birth Place, Balto.  
State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 6

Place of Death, 6 Church St.  
Spoplexy  
Give Street and Number.

Cause of Death, Spoplexy  
First (Primary),  
Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shanps Cemetery

Date of Burial, March 9 1887

Undertaker, Alex. Henry

Place of Business, 561 Orchard St. Address, 614 Chapel St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

No. 7976

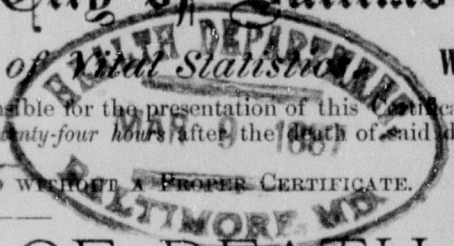
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98407 Office of Registrar of Vital Statistics Ward 20<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, March 8<sup>th</sup> 1887

Full Name of Deceased, Arthur Taylor { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 8 Years, 8 Months,  Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } # 1333 Shield Alley

Cause of Death, { First (Primary), Second (Immediate), } Tubercular Meningitis  
Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Shades of Green

Date of Burial, March 7<sup>th</sup> 1887

Undertaker, Alex Hensley John S. Huck M. D.

Medical Attendant.

Place of Business, 561 Orchard Address, Hyatt & Townsend

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98468 Office of Registrar of Vital Statistics.

Ward 16<sup>11</sup>/<sub>9</sub>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, March 8<sup>th</sup> 1887

Full Name of Deceased, Isaiah Ringer  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 49 Years, ✓ Months, ✓ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Commission and Produce Merchant

Birth Place, Washington Co Md  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 7 years

Place of Death, Barre Street # 524  
{ Give Street and Number. }

Cause of Death, Suicide by hanging himself from a cross beam in the kitchen  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Boonsboro Washington Co. Md

Date of Burial, Feb'y 10<sup>th</sup> 1887

Undertaker, Wm J. Dickner

L. G. Sparrow M. D.

Medical Attendant.

Place of Business, 221 Seataw St Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

1580 Transit

[OVER.]



No. 78469

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98469 Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

B

Date of Death, March 8<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret L. E. Schribbe.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 70 Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany. ( in U.S. 45-3rs )

Duration of Residence in the City of Baltimore, 45-8rs.

Place of Death, { Give Street and Number. } 231 Lee St.

Cause of Death, { First (Primary), Chronic Valvular Dis. of Heart, Second (Immediate), Dilatation and Paralysis of Heart, }

Duration of Last Sickness, under Treatment, 4 days, in last attack.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Feby 10<sup>th</sup> 1887

{ Undertaker, Wm. Pickner } R. J. W. Tall M. D.

Medical Attendant.

{ Place of Business, 221 Scutaw } Address, 153 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98470 Office of Registrar of Marital Statistics.

Ward 5<sup>th</sup> 9<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 7<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Brown

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 Years, 3 Months, ✓ Days.

Color, colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give Street and Number. } 222 Stirling Street

Cause of Death, { First (Primary), Second (Immediate), } Transition  
Exhaustion

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 9<sup>th</sup> 1887 Thos J. Sumner

M. D.

{ Undertaker, William Dange (old 242) Medical Attendant.

{ Place of Business, 150 East St Address, 800 4<sup>th</sup> Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98471
Office of Registrar of Vital Statistics.
Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A. Wright

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 Years, 3 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balh

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give Street and Number. } 1042 Lexington St

Cause of Death, { First (Primary), Second (Immediate), } Scarlet Fever

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 9th 1887

Undertaker, W. Cadogan

Place of Business, 327 Mulberry St Address, 518 Hammer St

Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name; sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No. 1887

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98472 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8, 1887

Full Name of Deceased, Lilly Elizabeth Keister

Sex, Male or Female, Cross out the word not required in this line.

Age, 0 Years, 6 Months, Days

Color, white

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Birth Place, State or country, and how long in the United States, if of foreign birth. md

Duration of Residence in the City of Baltimore,

Place of Death, Give Street and Number. Old no. 134 Wolphum

Cause of Death, First (Primary), Dementia Second (Immediate), Effusion of brain

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Linden Park

Date of Burial, Mar 10<sup>th</sup> 1887

Undertaker, Frederick Wiegand

Medical Attendant.

Place of Business, 1006 Brind Hill Address, 922 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]